

State of Washington Department of Revenue Special Programs Division Cigarette Tax program PO Box 47477 VENUE PO BOX 4/4//
Olympia, WA 98504-7477

CIGARETTE TAX CLAIM FOR REFUND

Firm Name				ate
Address				egistration Number
City, State, Zip Code			D	istributor Number
	has returned to	the manufacturer packages of		ngton State cigarette tax
stamps affixed.	These cigarette	es were returned because they	were unfit for sale.	
Name of Manufactu	ırer			
The above firm claims a refund due to a malfunction of cigarette stamping equipment. An authorized agent of the Department of Revenue has verified all improperly stamped packages.				
		20's	25's	
No. of Stamps Returned to Manufacturer or Revenue				
Jams or Burns				
Double Stamps				
Partial Stamps				
Stamps on Flaps				
Stamps Marked Off				
Total No.	25's =		X \$ 1.78125	\$
of Stamps	20's =	X \$ 1.425		\$
Less Discount Total No. of Stamps	25's + 20's		X \$.006	(-)\$
	1	,	Total Net Refund Due	\$
I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.				
Signature of Firm Representative			Telephone Number	
For Department of Revenue Use Only				
Agent's Remarks				
Signature of Department of Revenue Field Representative Date				

If you have any questions, please contact the Cigarette Tax Program at (360) 664-0700.

For tax assistance, visit http://dor.wa.gov or call (800) 647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 486-2342. Teletype (TTY) users may (800) 451-7985.